

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23960

File No. _____
Registered No. 80
St. _____ Ward)

1. PLACE OF DEATH

County Madaway
Township _____

Registration District No. 628
Primary Registration District No. 3031

City Monmouth (No. _____)

2. FULL NAME

Ma B. Russ

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W. - White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(or) WIFE OF

Marjory J. ROSS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 6 - 1850

7. AGE

YEARS

83

MONTHS

1

DAYS

24

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retiree

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

✓

10. Date deceased last worked at this occupation (month and year)

✓

11. Total time (years) spent in this occupation

✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

13. NAME

T. H. ROSS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

15. MAIDEN NAME

Monmouth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

17. INFORMANT (ADDRESS)

A. O. ROSS

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis

DATE

July 29, 1933

19. UNDERTAKER (ADDRESS)

St. Louis

20. FILED

7/27

19

3Marion Clardy

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 17, 1933

2. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 109 m.

The principal cause of death and related causes of importance were as follows:

Hypertrophy of Prostate
with Retention & Absorption
of Urine from Bladder
General Similar

Other contributory causes of importance:

1343
1343
Supra pubic Cystotomy 3/1933
Name of operation _____ Date _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury _____, 19____.Where did injury occur? ✓ (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) _____

(Address) _____

Chas. B. Russ
M. D.

AUG 26 1933

